AO 440 (Rev. 06/12) Summons in a Civil Action

UNITED STATES DISTRICT COURT

for the

Eastern District of Texas

DISTRICT COURT
EASTERN DISTRICT OF TEXAS

APR 0 3 2013

DAVID J. MALAND, CLERK

BY
DEPUTY _____
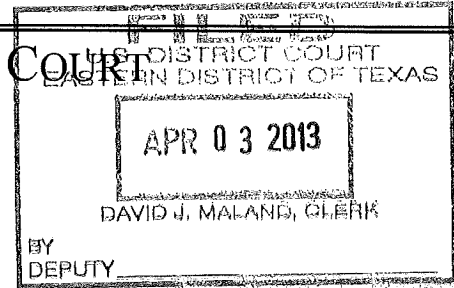
Blue Spike, LLC	)
Plaintiff(s)	)
v.	)
	)
	)
Visible World, Inc.	)
Defendant(s)	)

6:12CV499 CONSOLIDATED LEAD

Civil Action No. 6:13-CV-126

SUMMONS IN A CIVIL ACTION

To: *(Defendant's name and address)* Visible World, Inc.
The Corporation Trust Company
Corporation Trust Center
1209 Orange Street
Wilmington, Delaware 19801

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:
Eric M. Albritton
ALBRITTON LAW FIRM
P.O. Box 2649
Longview, Texas 75606

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

CLERK OF COURT

Date: __2/8/13__

David Maland

Signature of Clerk or Deputy Clerk

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Civil Action No. 6:13-CV-126

APR 0 3 2013

PROOF OF SERVICE
(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))

This summons for *(name of individual and title, if any)*   Visible World, Inc.

was received by me on *(date)*   02/19/2013   .

☐ I personally served the summons on the individual at *(place)*

_____ on *(date)* _____ ; or

☐ I left the summons at the individual's residence or usual place of abode with *(name)*

_____ , a person of suitable age and discretion who resides there,

on *(date)* _____ , and mailed a copy to the individual's last known address; or

☐ I served the summons on *(name of individual)* _____ , who is

designated by law to accept service of process on behalf of *(name of organization)*
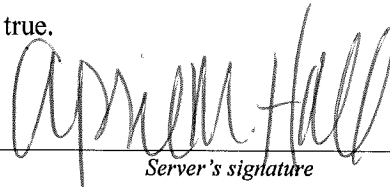
_____ on *(date)* _____ ; or

☐ I returned the summons unexecuted because _____ ; or

☑ Other *(specify):* Via Certified Mail, Return Receipt Requested # 7008 0500 0001 1806 0954

My fees are $ _____ for travel and $ _____ for services, for a total of $ 0.00   .

I declare under penalty of perjury that this information is true.

Date: 04/01/2013

_____
Server's signature

April M. Hall
Printed name and title

111 West Tyler
Longview, Texas 75601
Server's address

Additional information regarding attempted service, etc:

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com®

WILMINGTON DE 19801 OFFICIAL USE

Postage	$	$6.20
Certified Fee		$3.10
Return Receipt Fee (Endorsement Required)		$2.55
Restricted Delivery Fee (Endorsement Required)		$0.00
Total Postage & Fees	$	$11.85

0601
03
Postmark Here
FEB 12 2013
02/12/2013

Visible World, Inc.
The Corporation Trust Company

Sent To Visible W
Street, Apt. No.; or PO Box No. Corporation Trust Center
City, State, ZIP+4 1209 Orange Street
Wilmington, Delaware 19801

PS Form 3800, August 2006   See Reverse for Instructions

7008 0500 0001 1806 0954

SENDER: COMPLETE THIS SECTION

- ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- ■ Print your name and address on the reverse so that we can return the card to you.
- ■ Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Visible World, Inc.
The Corporation Trust Company
Corporation Trust Center
1209 Orange Street
Wilmington, Delaware 19801

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X _____   ☐ Agent
                      ☐ Addressee

B. Received by (Printed Name)   C. Date of Delivery
                                   FEB 19 2013

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☒ Certified Mail   ☐ Express Mail
☐ Registered   ☒ Return Receipt for Merchandise
☐ Insured Mail   ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)   ☐ Yes

2. Article Number
(Transfer from service label)   7008 0500 0001 1806 0954   RRR

PS Form 3811, February 2004   Domestic Return Receipt   102595-02-M-1540